FORM D'ARCHINE

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

hours per response.....16.00 EC USE ONLY

OMB APPROVAL

Estimated average burden

OMB Number:

Expires:

342436

UNIFORM LIMITED OFFERING EXEMPTEC (check if this is an amendment and name has changed, and indicate change.) Name of Offering Common Stock Offering Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): New Filing Amendment Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer () check if this is an amendment and name has changed, and indicate change.) Owlstone Nanotech, Inc. Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices (212) 583-0098 600 Lexington Avenue, New York, New York 10022 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Commercialize chemical sensor products and other sensing products for the consumer environmental monitoring and medical diagnostics markets. Type of Business Organization other (please specify): limited partnership, already formed corporation limited partnership, to be formed business trust Actual | Estimated **OT5** Actual or Estimated Date of Incorporation or Organization: (012)Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

this notice and must be completed.

filing of a federal notice.

A BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	naging partners of (partnership issuers; and
 Each general and managing partner of partnership issuers. 		
Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Bader, Bret		
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·
242 Rockaway Street, Boonton, NJ 07005		·
Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Brennan, Mark		
Business or Residence Address (Number and Street, City, State, Zip Code)		
71 North Salem Road, Cross River, NY 10518	<u> </u>	<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Boyle, Paul		
Business or Residence Address (Number and Street, City, State, Zip Code)		
64B Hackford Road, London SW9 ORG United Kingdom		·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual) Koehl, Andrew		
Business or Residence Address (Number and Street, City, State, Zip Code) 11 John Street, Cambridge CBl lDT United Kingdom		
Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Ruiz-Alonso, David		
Business or Residence Address (Number and Street, City, State, Zip Code)		
29 Petersdield Mansions Cambridge CBl 1BB United Ki	ingdom	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<u>-</u>
Gittins, Magnus, R.E.	•	
Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, New York, NY 10022		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · -	<u> </u>
Finn, Thomas P.		
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·
119 West Norwalk Road, Norwalk, CT 06850		
TIN MODE HOLMETH WOODS HOLMETH'S OF COOLS		

		A BASICIDI	NTIFICATION DATA	HE ESSE	
2. Enter the information re			•		
		suer has been organized w		•	,
Each beneficial own	ner having the pov	ver to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
Each executive offi	cer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
• Each general and tr	anaging partner o	of partnership issuers.	·	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
				 	
Full Name (Last name first, it	individual)		•		
Gammell, Peter		Street, City, State, Zip Co	, del		
Business or Residence Address			07041	•	
58 Whittingham			<u> </u>	[7] Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, if	individual)				
				<u> </u>	
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual) -		· · · · · · · · · · · · · · · · · · ·		
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Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	(individual)				
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Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)	. ,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				,
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
1 att trante frant dame that?	,			•	•
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
			100 -		<u>, </u>
	(Use bla	ank sheet, or copy and use	additional copies of this s	ineet, as necessary)

					B) I	FORMATI	ON ABOUT	OFFERI	igi 🦂				
									thic offerir	.a?		Yes	No █
1.	Has the	issuer sold	l, or does th			Appendix,						ഥ	
_	***		um investn									\$25 ,	000
2.	What is	ine minim	um mvesui	icht mat w	iii ue acce	pred from a	ny marria	147:	***************************************			Yes	No
3.		_	permit jóin									X	
4.	Enter the	e informat	ion request	ed for each	h person w	ho has bee	n or will b	e paid or g	iven, direc	tly or indir	ectly, any	•	
•	If a perso	on to be lis	ilar remune ted is an ass	sociated pe	rson or age	nt of a brok	er or dealer	registered	with the Sl	EC and/or v	vith a state		
	or states.	list the na	me of the b	roker or de	aler. If mo	re than five	(5) person	s to be liste	ed are assoc	iated perso	ns of such		•
			you may s first, if ind		miorinati	OII IUI tiiat	DIOKEI OI C	calci omy	<u> </u>		·		-
Ful	I Name (I	asi name.		, ividual)				,				•	
Bus	siness or I	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	ociated Br	oker or De	aler									-
Sia	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers			 -	· · ·	•	
, 544			or check			,		***************************************				All	States
•							[CT]	(DE)	DC	FL	[GA]	ΉΠ	[ID]
	AL	AK IN	AZ IA	KS	CA KY	CO LA	ME	MD	MA	MI	MN	MS	MO
	IL MT	NE	NV.	NH	NJ	NM	NY	NC	ND	ОН	OK]	ÖR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	<u>wv</u>	WI	WY	PR
Ful	ll Name (I	ast name	first, if ind	ividual)							·		
_	· · ·	D. 11	: Address ()	Vivorbar on	d Street C	litu State 7	Zin Code)		<u>.</u>			.	-
Bu	siness or	Kesidence	: Address (1	Number an	a street, C	ity, state, 2	orp code)		-	•			
Na	me of Ass	ociated B	roker or De	aler			-						
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers	·-··········					
	(Check	"All State:	s" or check	individual	States)				***************************************				l States
	AL	ΑK	ΑZ	AR	CA	CO	(CT)	DE	DC	FL	GA)	HI	ID
		IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	ĹИ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	TU	VT	VA	WA	WV ·	WI	WY	PR
Fu	Il Name (i	Last name	first, if ind	ividual)						٠.	* .	•	
Bu	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)	 -		•			
Na	me of As	sociated B	roker or De	aler									
		*.1 D	. T 77.	. Callain 3	or 1-1	r to Calinia	Durchases						
Sta			n Listed Ha s" or check									. □ Al	Il States
	. (Check	All State	s or eneck	mulviuu.	. otatės)	***************************************							
	AL	AK	AZ	AR	CA	CO	CT	DE	DC)	FL Dail	GA	H	ID]
•		NE)	IA INVI	KS .	KY NJ	(LA) NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	TX	UT)	VT	VA	WA)	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CHOFFERING PRICE! NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS A

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	5,000,000	\$2,588,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s	.\$
	Partnership Interests		\$ <u>.</u>
	Other (Specify	· .	S :
	Total	5,000,000	s 2,588,000
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	80	\$_2,588,000
	Non-accredited Investors		\$
•	Total (for filings under Rule 504 only)		\$ <u>.</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
, 3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	; ;	· .
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	· · · · · · · · · · · · · · · · · · ·	\$ <u>.</u>
	Total		. \$ <u>0.00</u>
, 4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		<u>s</u> 1,250
	Printing and Engraving Costs		\$_4,000
	Legal Fees		<u>\$22,500</u>
	Accounting Fees		\$
٠	Engineering Fees		<u> </u>
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Financial Advisory Fees		<u>\$25,000</u>
	Total		\$52,750

•	b. Enter the difference between the aggregate offering pand total expenses furnished in response to Part C — Que proceeds to the issuer."	stion 4.a. This difference is the "adjusted gross		•	<u>\$ 2,535</u>	,250
i.	Indicate below the amount of the adjusted gross procee each of the purposes shown. If the amount for any pu- check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	urpose is not known, furnish an estimate and payments listed must equal the adjusted gross				
٠			D	ayments to Officers, Firectors, & Affiliates	Payme Oth	ents to
	Salaries and fees		□ \$	325,000	□ \$_Z90	0.000
	Purchase of real estate	***************************************	\$		□ s	
	Purchase, rental or leasing and installation of machine and equipment	cry	□ \$		□\$	<u> </u>
	Construction or leasing of plant buildings and faciliti	es,	□ s		□ \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets of issuer pursuant to a merger)	or securities of another	s		\$ _	
	Repayment of indebtedness			380,200	□ s	
	Working capital		□ \$			0 <u>40.05</u> 0
	Other (specify):	· · · · · · · · · · · · · · · · · · ·	□ \$		- □ s	
	Column Totals		_ 5	705,200	□\$1.4	83 <u>0.05</u> 0
	Total Payments Listed (column totals added)			□ s_2	,535,2	50
Ř		Davigo z telegra se su u Propinsione de la company				
_:.	e issuer has duly caused this notice to be signed by the un mature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-acced	th to the U.S. Securities and Exchange Commi	issio	n, upon writte	le 505, the n request o	following of its staff,
ls:	suer (Print or Type)	ignature	Dat	•		
Ċ	wlstone Nanotech, Inc.	N. Committee of the com		March 29	, 2007	·
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)		•		
1	Bret Bader	Chief Executive Officer		•		

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				*
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🛛	
		•		

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	, , ,	•
Issuer (Print or Type)	Signature	Date
Owlstone Nanotech, Inc.		March 29, 2007
Name (Print or Type)	Title (Print or Type)	
Bret Bader	Chief Executive O	fficer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PENDIX					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	gate (if ye can be determined amount purchased in State (if ye can be determined amount purchased amount pur		Type of investor and amount purchased in State				
State	Yes	No	All Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL						·	•			
AK			,							
AZ		X	\$25,000	1	\$25,000					
AR			· <u>-</u>				· · ·			
CA		X	\$57,500	3	\$57,500		·			
со									·	
СТ		X	\$260,000.	9	\$260,000	·	· <u>-</u>			
DE										
DC		1.				·				
FL		X	\$25,000	1	\$25,000	•				
GA-						· · ·				
HI										
ID				,						
IL							<u>-</u>			
IM.										
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LA		the state of the s		ļ						
ME										
. MD	anno es as persona de colo 1880 esta									
MA										
MI		4								
MN										
MS										

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1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount put	investor and rchased in State C-Item 2)		(Part E-	ification te ULOE attach ation of granted)
State	Yes	No	All Common	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо	·						·		
МТ		£1.5		·					
NE									
NV		1:-1: 2: :					93 2 3 4.		
NH						,			89
ŊJ	**	X	\$1,262,500	44	\$1,262,50	0			
NM		%.		·		· ()			
NY	1	X	\$808,000	18	808,000		3 (00)		
NC	:								
ND					. ,				
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ок	2.7 × 3.5	in the second se		·	ļ				· .
OR					ļ <u>.</u>				
PA		<u> X</u>	\$25,000	1	\$25,000		3.454		
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SD						,	· · · ·		
TN	<u> </u>								
TX				ļ	<u> </u>	· · · · · -	 	·	
UT									
VT		<u> </u>		<u> </u>					
VA				<u> </u>	 		-:		
WA								<u> </u>	
wv		<u> </u>		ļ	ļ			<u> </u>	
WI		X	\$50,000	11	\$50,000				

		2	3 Type of security	, ,	4 Type of investor and amount purchased in State (Part C-Item 2)				
	to non-a	d to sell accredited rs in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)						
·State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
. PR									